

AMCHP Annual Conference, 2010

Moving Ahead Together:

Celebrating the Legacy, Shaping the Future of Maternal and Child Health

The Nuts and Bolts of Building Community-Based Service Systems for CYSHCN

March 6-10, 2010

DIANE BEHL: Okay we talked about community mapping and some other community assessment surveys you can use with key stakeholders, just quickly does anyone want to mention perhaps a couple of community level assessments that they've used? Including maybe if you're a family leader, things you've used? Okay I just wanted to make sure that we recognize some efforts that I'm sure you've got going on. What I think I'll do then is move onto step four which is Development of a Plan and Budget. And essentially what that means is you've identified your community strengths and challenges based on the existing data you've gathered. Based on that you've target priority areas for implementation. Look at potential strategies to address those priorities and create a plan that articulates the resources, the persons responsible and target dates for completion and then you're disseminating that strategic plan or your action plan. So real similar to any other strategic planning process that you're going through. Again doing it with that stakeholder group that you've devised to help you with that, insuring that there is strong representation from all those stakeholders. And so to see this in action I'm going to have Eileen talk about what they did.

EILEEN FORLENZA: So one of the real important pieces was, now that we have kind of a new look, what does the new look, look like? And with the money that we save from providing the direct services we had about \$120,000 left in the checking account basically and decided that we would embark on a branding campaign so that families would know no matter if they're in the resort ski town in the mountains or they're in the eastern plains of Colorado what was Title V. And we know that a lot of families...we all move around a lot and sometimes they just really needed that consistency and continuity of care. I did happen to come from a corporate marketing background so I had some push about why I felt this was important. But I also know that again keeping the public in public health was really important and that by nature, government and public health are just not really good at marketing. We don't spend money on that. We can't because of some of our spending limitations. But again in partnership with families we really needed to spend some time in making sure that now that our new look or once we were going change things, how were we going to get that out? So in order to do this we put together...we separated the state into some regions and we came...we did some focus groups and asked some of our key partners, how do you describe that and what do you think our value is based on this process that we've been in with our key stakeholders. How would you define what our work is and what are the valuable pieces? We also...so we spent a lot of time on the focus groups so that we had the messaging and that was where a lot of the money went to with our social marketing agency and so basically what came out is this is our new brand and happy to share if you don't have the \$100,000 in your budget, we're happy to share the research with you. But we came out with understanding that what we do in Title V is we connect

kids with care. So connecting kids with care, and then we have a tagline of together we'll find the way. And that insures kind of a partnership feeling. All of the photos that are featured in the book are children and families from our own state when we went to the web to look at the photo libraries we didn't like the pictures, they were all kind of pitiful looking kids with disabilities and we know that's not what we want to celebrate. And so these are all kids and families from our own state. This is our new brochure and people would say well it depends on if who you are talking to. Who's you're audience so we divided it into tabs. We're going to talk to families, communities, and providers. And because of our dedication to the local sites then there's this fill in in the back that can be changed if addresses change, phone numbers change. We also wanted to give an opportunity for the locals to have their own piece and so we created these what is called rat cards. You know how in the waiting rooms you always have those brochure holders and these can also fit nicely into an envelop so we use these for outreach to families. This is the state card. State meaning kind of what we put out but every local health department has their own and it features their own local logo on the bottom. English on one side, Spanish on the other. I kind of look at this as just an enlarged business card, but it's welcoming, it's family friendly and again we're featuring our own kids and families from Colorado and so people recognize them. And this was especially important when we could so that we could talk to our legislature and explain to them who are we now and why does it matter and we wanted to be able to have a new look, a new brand, and a new way to communicate.

UNKNOWN: (Inaudible)...

EILEEN FORLENZA: I did not bring them because I was over 50 pounds on my suitcase. But I am more than happy to share and you can have these if you want. This was just for....yeah you want to pass them around? This is just a folder, a cute little folder, so this was the brochure and the rat card, but we went on with other marketing so this is...you know when you go to meetings and you're putting something together. This happens to be my own daughter, thank you very much. But we also have mouse pads for the computer, we have little stickies for our provider windows, various things whenever the budget would allow, so...

UNKNOWN SPEAKER: Thanks, Eileen because that really emphasizes the importance of as you develop this new plan for your community-based service system For CSHCN how are you going to get that word out and make sure it's a clear communication message? So next I'm going to give it to Harper.

HARPER RANDALL: And we wish in our budget we had the money to clone Eileen and Maine and...we were just talking about how our mouths still water every time we look at those lovely brochures, so...anyway so develop a plan and a budget. We sure did that and we're now back at the drawing board because what we found and what we thought was the right thing to do we were told we couldn't as I eluded to before that we wanted to make some changes in a certain area but it would negatively impact the Speaker of the House so we were told we couldn't. But having said that, everything we've done to this point has not in any way been wasted. I mean we are keeping the momentum.

There is so much benefit to doing the ground work, even if we didn't come up with the plan it's that collaboration and again as Anna said that transparency of we're not just in our own little world but we're part of the community. And building that trust, also trusting in our future efforts and then really better understanding what are the needs of the community and what are the existing resources. I mean we just presume we know and of course we know because we're professionals and it's our job to know but we didn't. We had no idea before we started this. And Anna brought something up that previously that I wanted to share with you guys. You know this all sounds like a neat little plan that we have instituted in Utah. Please know that our goal is to do focus groups in every one of these communities. We haven't done them all yet. Our goal is to get and meet with them and give them back the feedback of the surveys. We haven't done that yet, but we've done it in some locations and it's worked so it's a good system, I just didn't want you to be overwhelmed with boy, they did all that in two years. So it's definitely a work in progress. There's a hand...

UNKNOWN SPEAKER: Yes, your original plan didn't go through? Could you share that with families? (Inaudible)...?

HARPER RANDALL: You know we were smart enough and proposed the plan before we announced the plan. So we proposed it to our executive directors and said okay this is what we think we are going to do, will this fly? And no wings. So we hadn't...we didn't say to the communities, okay this is what we're going to do, oh no we can't because of your legislature. So we were not as smart as we ended up looking by

making sure it was...we got the go ahead first before we announced it so we didn't have to back peddle.

UNKNOWN SPEAKER: But didn't you have families on the interim (Inaudible)...?

UNKNOWN SPEAKER: Yeah, we did, we did and they were aware of the frustration and the effort, yeah. It was acknowledged that...it was common knowledge from people that were involved in the process that it wasn't our wish to not implement that plan.

UNKNOWN SPEAKER: But you do bring up a good point and I think what we're trying to say here is that families hold a lot of influence, potential influence and if and when families are a part of that process throughout and you hit a snag like this, deploy those family leaders to come up with a plan to talk with the legislature because a family member can do it and your state person can't and that's another example of why it's so important to have families in part of that development because when innovation needs to happen and we know that as state employees there are certain barriers that we just cannot hurdle by ourselves and engaging parents at that level is the most critical and the most effective way. So a great question and great lead because that's...that's a critical part of partnership with the state plan.

TONI WALL: You'll notice that each one of the states have done something slightly different. When we did our developing a plan in budgeting we did what's called zero based budgeting and we wanted to account for every single dollar we spent whether it was revenue or expenditures. All the time that people spent at their job down to pens,

pencils and everything else so that when it came to developing a plan and shifting dollars from the direct service where I said we were spending well over a million dollars when our budget was only \$795,000, it gave us a clear view of how much money we were spending on newborn hearing, how much money we were spending on birth defects, how much money we were spending on our direct service program. And as we started to shift, we noticed that we also had now what's...I'm not sure if we call it a surplus of money but that our checkbook got larger, I'll use that and that we were able to look at how we could spend things a little bit differently to effect or notify or let folks know of what was happening in the state. For one thing we had enough money now that we could hire Anna as our family consultant. We never had money to do that before. It was always a dream of mine to hire a family consultant. We also hired a youth consultant. We didn't have money in the budget before that. We've been able to improve our website; we've been able to brand ourselves. We're creating a brand that's slightly different than Colorado's but it was actually Eileen who said you need to brand yourself so when people look at it they know exactly who you are and exactly what you're going to do for them and that's something that we never thought of before. Here we are kids with special health needs. Come find us. You know we're the best kept secret in Maine I always kept saying. We don't want to be the best kept secret anymore. We're moving into assessing the community and evaluating our services a little bit more. We'll talk about the evaluation piece towards the end. And the other thing that we're looking at doing is I'm sure you've all heard about the legislation in the F2F's and we don't know if they're going to be supported or not. We actually have some money now that if it doesn't go through that we'll actually be able to help support

that and keep it going because it is a valuable component in our state and to lose that at the federal level, it's a real shame, so it's...that's been a really good move for us to account for every dollar and recognize that we have money that we can now support this.

UNKNOWN SPEAKER: Thank you.

HARPER RANDALL: I thought you'd like that.

UNKNOWN SPEAKER: Okay and so I forgot to pass you the flippy here Toni and so I'm just showing you those points that Toni has mentioned in terms of the different efforts that they've been doing. And one of the things, too, remembering when we had an opportunity to go with Maine and meet with some of their stakeholders is as partners, you partnered with someone from one of your universities who is an economist who could help them with the budget so again another way of how to bring people in to help you.

TONI WALL: Again we were able to find some money to help us support hiring a health economist, which is actually a very good benefit because she knows how to look at money and do future forecasts and it's fabulous having her there.

UNKNOWN SPEAKER: So this is our opportunity again to get back in your groups and pull out your action guide and look at those questions associated with steps three and

four. And so we know you may not have all this community assessment data there to create a plan, but we tried to create some questions there for you where you could anticipate what that might look like and also give you some sense of how to prepare for that. So let's try taking ten minutes again, in your small group to go through those questions amongst yourselves, and then we'll regroup, okay?